

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED 09/29/69		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
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17	1						67				
18		1					68				
19		1					69				
20		1					70				
21	1						71				
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26		1					76				
27	1						77				
28		1					78				
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30		1					80				
31							81				
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37							87				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	4						Total Indep				
Total Depend	26						Total Depend				
Total Claims	30						Total Claims				